
Introduction

The availability of a wide variety of surgical techniques for a single disease process implies that the techniques employed are either equally effective or equally ineffective. If the end point of cancer surgery is a high rate of surgical cure, one could correctly label the many surgical approaches to esophageal cancer as being more or less equally ineffective. The major determinant of long-term survival after surgery for esophageal carcinoma is not the type of surgical technique applied but rather the inherently poor prognosis of the disease itself, a prognosis tied closely to the inability to diagnose the disease earlier in its course. Indeed, few medical conditions have as many different acceptable surgical approaches as carcinoma of the esophagus because not

only must the offending cancer and its associated segment of esophagus be resected but a satisfactory replacement for this vital organ must be substituted to have any hope of a reasonable quality of life afterwards. In this issue of *Operative Techniques in Thoracic and Cardiovascular Surgery*, the most common techniques of esophageal resection are described by an outstanding group of surgeons with wide experience in the treatment of this disease. We are indebted to these authors for the excellent quality of their illustrations and for the extra effort expended by each.

James L. Cox, MD